INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES, MOVING PICTURE TECHNICIANS, ARTISTS, AND ALLIED CRAFTS LOCAL 500 STEWARD REPORT

1001 NW 62nd Street, Suite 220, FORT LAUDERDALE, FL 33309

Phone: (954) 202-2624 Fax: (954) 772-4713 E-mail: office@iatselocal500.org

	PRODUCTION:	
MAS	LOCATION:	
VV	DATE:	

I.A.T.S.E. Benefit Agreement and Assignment

It is hereby agreed by and between

("The Employer") and I.A.T.S.E. Local 500, the collective bargaining representative of the Employer's shop employees, that the Employer agrees to contribute for such employees of wages to the I.A.T.S.E. National Health and Welfare Fund, of wages to the I.A.T.S.E. Annuity Fund & of wages to the I.A.T.S.E. Training Trust Fund, and to be bound by the Agreement and Declarations of Trust establishing those funds.

- 1. Said contributions shall be paid within 7 days of the close of the period covered by this form and shall be accompanied by this form. Contributions shall be paid by check made payable and sent as directed below.
- By signing this form the employer, through it's authorized agent agrees that the hours worked and wages due as shown hereon are correct, for the a.) wages,
- b.) annuity, health and welfare and training funds contributions as shown hereon are due and owing and that the employer agrees to the terms and conditions set forth above.

PRODUCTION	SOCIAL	REG	ULAR HRS	OVE	RTIME HRS	DOU	BLE TIME	PI	ERFORM	TOTAL	GROSS	H&W	ANNUITY	TRAINING
LAST NAME, FIRST	SECURITY No.	HRS	RATE	HRS	RATE	HRS	RATE	#	RATE	HRS	WAGES			
SUB TOTALS														

Name of Employer Company		All wage checks to be made	D11 C			
	Steward Signature	payable to appropriate payroll	Payroll Service if used			
Authorized Agent Name (Please Print)	Sieward Signature	company NOT TO LOCAL UNION	x gross wages			
		Make Training check payable				
	Print Name	to and mail a copy of this	only =			
Address		report to				
		IATSE TRAINING TRUST FUND,	Report Total			
	Date	PO Box 51317				
City, State, Zip		Los Angeles, CA 90051-5617				
	AUTHORIZED AGENT AGREES THAT ALL ABOVE	Make Health and Welf	are and Annuity check payable to			
	CHARGES ARE VALID AND AGREES TO ACCEPT THE	and mail a	copy of this report to:			
Phone Number Fax Number	STIPULATIONS AS NOTED ON THIS REPORT.	IATSE NATIO	NAL BENEFIT FUNDS,			
	P.O. Box 11944, Newark, NJ 07101-4944					
	Make the 5% Referral Hall	Fee check payable to I.A.T.S.E. Local 50	0 and mail to			
Signature of Authorized Agent	1001 NW 62nd Street, Suite 220, FORT LAUDERDALE, FL 33309					